PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Application or Docket Number 9/688368 09/688368												268	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			· NUMBE	R FILED	MLRAS	BER EXTRA		BASIC FI	EE 355.0	o los	BASIC FE	710.00	
TOTAL CHARGEABLE CLAIMS			37	3 7 minus 20= .		. 17		X£ 9-	* *	OR	Yaza	306	
INDEPENDENT CLAIMS			Z minus 3 ∗					X40=		OR	xáo≟	1250	
MULTIPLE DEPENDENT CLAIM PRESENT									+	- ~	-	 	
" If the difference in column 1 is less than zero, enter "O" in column 2								+135=		OR OR	+270=		
CLAIMS AS AMENDED - PART II								.0.2	· L			لاصيد	
	(Column 1) (Column 2) (Column 3)							SMALI	ENTITY	OR	SMALL	R THAN ENTITY	
AMENDMENT A		REMAINING AFTER AMEXIMENT		HIGH NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONA		RATE	ADDI- TIONAL	
	Total	. 777	Minus	" 2	37		ll	X\$ 9=	FEE	OR	X\$18=	FEE	
	Independent	. 3	Minus	***	5	:=		X40=	†	1	X80=		
<u>ح</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7400	-	OR	X603		
								+135=		OR	+270=		
								TOYAL		OR	YÖYAL ADDIT, FEE		
	(Column 1) 572-04 (Column 2) (Column 3)									-			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMB NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 35	Minus	-3	7	•		X\$ 9=		OR	X\$18=		
	Independent	· 3	Minus	<	3	-	┟	X40=	 	OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM								+135=		OR	+270=		
								YOYAL		OR	TOTAL		
		(Column 1)		(Colum:	n 2)	(Column 3)	~	XXIT. FEE		, ,	idoit. Fee		
		CLAIAS REMAINING AFTER AMENOMENT		HIGHE NUMBI PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDIA	Total	.35	Minus	. 35		.0		X\$ 9=		OR	X\$18=		
	Independent	. 3	Minus	 3		<u>.</u> Ф	-	X40=					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\vdash	~~~		OR	X80=		
. 11	the entry in colum	nn 1 is less than th	entry in colu	nn 2, write Y	T in coh	mn 3.	Ŀ	135=		ОЯ	+270=		
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. *If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." *If the "Righest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
1	he Highest Num	ber Previously Paid	For (Total or	Independent	is and at ()	ighest number	lound	in the app	propriate box	i in colu	mn 1.		

FORM PTO-071 (Parv. 8/00)

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